



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS HEALTH SYSTEM
3255 W PIONEER PKWY
ARLINGTON TX 76013-4620

Respondent Name

EDINBURG CONSOLIDATED ISD

Carrier's Austin Representative Box

Box Number 21

MFDR Tracking Number

M4-11-0421-01

MFDR Date Received

October 1, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Since TDI moved to a 200% of MAR for outpatient services on 3/1/08 for hospital claims, we have reviewed the Medicare allowance and decided the insurance reimbursement does not meet this criteria. Medicare would have allowed this facility \$6,031.50 for this claim per the outlier calculations... Based on their payment of \$1,479.62, a supplemental payment of \$1,598.30 is due. We request they pay the amount due of \$1,598.30."

Amount in Dispute: \$1,598.30

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Payment was made according to Texas Department of Insurance Division of Workers Compensation Rule 134.403. On receiving the request for reconsideration Encoder Plus was utilized to check the payment. The Encoder recommendation did not indicate that an outlier payment was due... It is noted that the provider is utilizing the Medicare operating cost to charge ratio only when configuring payment without consideration of other factors that should be used as part of the calculation."

Response Submitted by: JI Specialty Services, Inc., PO Box 672447, Houston, Texas 77267-2447

SUMMARY OF FINDINGS

| Date(s) of Service | Disputed Services | Amount In Dispute | Amount Due |
|---|------------------------------|-------------------|------------|
| February 19, 2010 to February 22, 2010 | Outpatient Hospital Services | \$1,598.30 | \$1,124.27 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403, titled *Hospital Facility Fee Guideline – Outpatient*, sets out the

reimbursement guidelines for facility services provided in an outpatient acute care hospital.

3. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, sets out the reimbursement for guidelines for professional medical services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated March 26, 2010:

- 97 – PAYMENT ADJUSTED BECAUSE THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT
- 170 – REIMBURSEMENT IS BASED ON THE OUTPATIENT/INPATIENT FEE SCHEDULE.
- 243 – THE CHARGE FOR THIS PROCEDURE WAS NOT PAID SINCE THE VALUE OF THIS PROCEDURE IS INCLUDED/BUNDLED WITHIN THE VALUE OF ANOTHER PROCEDURE PERFORMED.
- 954 – THE ALLOWANCE FOR NORMALLY PACKAGED REVENUE AND/OR SERVICE CODES HAVE BEEN PAID IN ACCORDANCE WITH THE DISPERSED OUTPATIENT ALLOWANCE.

Explanation of benefits dated May 20, 2010:

- W5 – REQUEST OF RECOUPMENT FOR AN OVERPAYMENT MADE TO A HEALTH CARE PROVIDER.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. THIS CLAIM WAS PROCESSED PROPERLY THE FIRST TIME

Issues

1. Did the requestor file the request for medical fee dispute resolution in the form and manner prescribed by the Division in accordance with 28 Texas Administrative Code §133.307?
2. Are the disputed services subject to a contractual agreement between the parties to this dispute?
3. What is the applicable rule for determining reimbursement for the disputed services?
4. What is the recommended payment amount for the services in dispute?
5. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.307(c)(2)(C) requires that the request shall include “the form DWC-60 table listing the specific disputed health care and charges in the form and manner prescribed by the Division.” Review of the submitted documentation finds that the requestor has not completed the form DWC-60 table listing the specific disputed health care and charges in the form and manner prescribed by the Division. The requestor did not indicate the MAR, the total amounts paid, or the amounts in dispute for the disputed services. The requestor has therefore failed to complete the required sections of the request in the form and manner prescribed under §133.307(c)(2)(C). However, the requestor’s position statement states that “We request they pay the amount due of \$1,598.30”; therefore, the Division will deem the amount in dispute to be \$1,598.30 for the purposes of this review.
2. Review of the submitted documentation finds no information to support a contractual agreement between the parties to this dispute.
3. This dispute relates to facility services performed in an outpatient hospital setting with reimbursement subject to the provisions of 28 Texas Administrative Code §134.403, which requires that the reimbursement calculation used for establishing the maximum allowable reimbursement (MAR) shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the Federal Register with the application of minimal modifications as set forth in the rule. Per §134.403(f)(1), the sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 200 percent, unless a facility or surgical implant provider requests separate reimbursement of implantables. Review of the submitted documentation finds that separate reimbursement for implantables was not requested.
4. Under the Medicare Outpatient Prospective Payment System (OPPS), each billed service is assigned an Ambulatory Payment Classification (APC) based on the procedure code used, the supporting documentation and the other services that appear on the bill. A payment rate is established for each APC. Depending on the services provided, hospitals may be paid for more than one APC per encounter. Payment for ancillary and supportive items and services, including services that are billed without procedure codes, is packaged into payment for the primary service. A full list of APCs is published annually in the OPPS final rules which are publicly available through the Centers for Medicare and Medicaid Services (CMS) website. Reimbursement for the disputed services is calculated as follows:

- Procedure code 64493 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 100%. This service is classified under APC 0207, which, per OPPS Addendum A, has a payment rate of \$485.34. This amount multiplied by 60% yields an unadjusted labor-related amount of \$291.20. This amount multiplied by the annual wage index for this facility of 0.8883 yields an adjusted labor-related amount of \$258.68. The non-labor related portion is 40% of the APC rate or \$194.14. The sum of the labor and non-labor related amounts is \$452.81. If the total cost for a service exceeds 1.75 times the OPPS payment and also exceeds the annual fixed-dollar threshold of \$2,175, the outlier payment is 50% of the amount by which the cost exceeds 1.75 times the OPPS payment. Per the OPPS Facility-Specific Impacts file, CMS lists the cost-to-charge ratio for this provider as 0.152. This ratio multiplied by the billed charge of \$6,654.00 yields a cost of \$1,011.41. The total cost of all packaged items is allocated proportionately across all separately paid OPPS services based on the percentage of the total APC payment. The APC payment for this service of \$452.81 divided by the sum of all APC payments is 84.93%. The sum of all packaged costs is \$976.45. The allocated portion of packaged costs is \$829.27. This amount added to the service cost yields a total cost of \$1,840.67. The cost of this service does not exceed the annual fixed-dollar threshold of \$2,175. The outlier payment amount is \$0. The total APC payment for this service, including outliers and any multiple procedure discount, is \$452.81. This amount multiplied by 200% yields a MAR of \$905.63.
- Procedure code 64494 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 50%. This service is classified under APC 0204, which, per OPPS Addendum A, has a payment rate of \$172.28. This amount multiplied by 60% yields an unadjusted labor-related amount of \$103.37. This amount multiplied by the annual wage index for this facility of 0.8883 yields an adjusted labor-related amount of \$91.82. The non-labor related portion is 40% of the APC rate or \$68.91. The sum of the labor and non-labor related amounts is \$160.73. If the total cost for a service exceeds 1.75 times the OPPS payment and also exceeds the annual fixed-dollar threshold of \$2,175, the outlier payment is 50% of the amount by which the cost exceeds 1.75 times the OPPS payment. Per the OPPS Facility-Specific Impacts file, CMS lists the cost-to-charge ratio for this provider as 0.152. This ratio multiplied by the billed charge of \$1.00 yields a cost of \$0.15. The total cost of all packaged items is allocated proportionately across all separately paid OPPS services based on the percentage of the total APC payment. The APC payment for this service of \$80.37 divided by the sum of all APC payments is 15.07%. The sum of all packaged costs is \$976.45. The allocated portion of packaged costs is \$147.18. This amount added to the service cost yields a total cost of \$147.33. The cost of this service does not exceed the annual fixed-dollar threshold of \$2,175. The outlier payment amount is \$0. The total APC payment for this service, including outliers and any multiple procedure discount, is \$80.37. This amount multiplied by 200% yields a MAR of \$160.73.
- Procedure code 36415 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services §134.203. The fee listed for this code in the applicable Medicare fee schedule is \$3.00. 125% of this amount is \$3.75. The recommended payment is \$3.75.
- Procedure code 80053 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services §134.203. The fee listed for this code in the applicable Medicare fee schedule is \$15.14. 125% of this amount is \$18.93. The recommended payment is \$18.93.
- Procedure code 84702 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services §134.203. The fee listed for this code in the applicable Medicare fee schedule is \$12.51. 125% of this amount is \$15.64. The recommended payment is \$15.64.
- Procedure code 85025 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for

this service is calculated according to the Medical Fee Guideline for Professional Services §134.203. The fee listed for this code in the applicable Medicare fee schedule is \$11.14. 125% of this amount is \$13.93. The recommended payment is \$13.93.

- Procedure code 81001 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPTS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPTS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to the Medical Fee Guideline for Professional Services §134.203. The fee listed for this code in the applicable Medicare fee schedule is \$4.54. 125% of this amount is \$5.67. The recommended payment is \$5.67.
 - Procedure code J0690 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J1040 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J2250 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J2270 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
 - Procedure code J3010 has a status indicator of N, which denotes packaged items and services with no separate APC payment; payment is packaged into payment for other services, including outliers.
5. The total recommended payment for the services in dispute is \$1,124.27. According to the explanation of benefits dated March 26, 2010, the insurance carrier made an initial payment to the provider of \$1,479.62. However, according to the explanation of benefits dated May 20, 2010, upon reconsideration of the bill, the insurance carrier recouped the entire initial payment of \$1,479.62 leaving a total net amount paid to the requestor of \$0.00. Therefore, the total recommended payment for the services in dispute of \$1,124.27 less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$1,124.27.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,124.27.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$1,124.27, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

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| Signature | Grayson Richardson Medical Fee Dispute Resolution Officer | June 29, 2012 Date |

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.